



# !!!!!!IMPORTANT!!!!!!



## BOY SCOUT TROOP 161 (SHOREHAM, NY) GETTYSBURG HISTORIC TRAILS TRIP September 30 – October 3, 2010

### ITINERARY:

**Depart:** Dr. Aloisio's Home/Office, 2 South Gate, Shoreham  
2 p.m., Thursday, 30 September. Dinner on the road (BYO).

**Camping at Macmillan Camp Ground (located in the National Park, not open to the public, only to authorized youth groups and leaders) Thursday – Saturday Nights.**

**Please note that your son will miss school for part of Thursday, Sept 30 and on Friday, Oct. 1**

**Breakfast:** Friday, Saturday & Sunday at the Campground

**Dinner:** Friday & Saturday at the Campground

**Lunches:** Friday & Saturday, either in camp or on the trail.

**Return:** Miller Avenue School approximately 4 p.m. Sunday, 3 October

**COST: (including transportation, camping, "in camp" meals, admissions fees and Historic Trails Patch) is \$110 per person. Please make checks payable to BSA Troop 161.**

**\$110 Payment For All Campers Due ON OR BEFORE Sept 15 Troop Meeting**

If you are coming but not camping, you will be expected to provide for your own accommodation and meals. You are welcome to join in any or all Troop Activities.

Our activities will be based around the Gettysburg Heritage Trail Program, sponsored by the York-Adams Area Council, the National Park Service, and the Gettysburg National Military Park/Eisenhower National Historic Site. The BSA program includes a stop at the Visitor Center/National Cemetery, two hiking trails through the battlefield at Gettysburg, a walking tour of historic downtown Gettysburg and a tour of the Eisenhower National Historic Site.

Activities will include:

Friday – Visitor's Center, tour of historic Gettysburg

Saturday – Johnny Reb Trail, Billy Yank Trail

**Please Cut Here & Return Along With Payment ON OR BEFORE the Sept 15 Troop Meeting**

### TROOP 161, GETTYSBURG ADVENTURE, Sept 30 – Oct 3, 2010

Campers' Name(s) \_\_\_\_\_

Non Campers' Name(s) \_\_\_\_\_

Total Payment Submitted \_\_\_\_\_

(\$110 per camper)

## Parent Consent & Emergency Form Boy Scout Troop 161, Shoreham, New York

Trip Name: Gettysburg

Date: September 30 – Oct 3, 2010

In consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution has been and will be taken to ensure the safety and well being of my son, \_\_\_\_\_, during this activity, as his parent or guardian I, \_\_\_\_\_ hereby agree to his participation in the above trip. I waive all claims against the leaders of this activity and officers, agents, and representatives of the BSA if my son is found to be negligent in his duty to act responsibly or if other persons or organizations are found to be at fault.

**IN CASE OF EMERGENCY:** A call will be made to a parent or a designate before taking the Scout to a doctor or hospital. If neither parent nor designate can be reached, this permission form will allow treatment to be secured. Continued attempts will be made to reach the parent or designate until they are reached.

I hereby give permission to the leaders of this trip to secure transportation of my son to a doctor or a hospital for treatment. I also give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment and inject or administer drugs in conjunction with such an emergency.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent day phone number: \_\_\_\_\_

Parent night phone number: \_\_\_\_\_

Emergency contact #1 (with phone number): \_\_\_\_\_

Emergency contact #2 (with phone number): \_\_\_\_\_

Allergies (food, medications, etc.): \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INSURANCE INFORMATION, IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE"**

<b>Family Medical Insurance Company</b>		<b>Policy No.</b>
<b>Address of Insurance Company</b>		
<b>Phone Number of Insurance Company</b>		